Testimony
Before the
Committee on Government Reform
United States House of Representatives

HHS Preparedness for Public Health Emergencies Based on Lessons Learned After Hurricanes Katrina and Rita

Statement of

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For Release on Delivery
Expected at 1:00 p.m.
Wednesday, May 24, 2006

Good Morning, My name is Craig Vanderwagen. I am a family physician and Rear Admiral in the U.S. Public Health Service (PHS) Commissioned Corps. I am here today representing Michael Leavitt, the Secretary of Health and Human Services (HHS), to discuss the changes in HHS functioning that are being implemented in response to a variety of analyses of our performance during hurricanes Katrina and Rita in 2005.

While my regular responsibilities are as the Chief Medical Officer of the Indian Health Service, I am currently assigned to Secretary Leavitt's staff as a special assistant for preparedness. In that role I am directing task force activity within the Department to change our culture of preparedness and response. Most recently I was the commander of Emergency Support Function (ESF) 8 for September and October in Louisiana, directing health operations in response to Katrina and Rita.

I am here to describe to you many of the changes occurring in HHS based on the lessons we have learned in our experience in the devastation of Louisiana and its national impact.

The actions we have taken thus far are substantive and reflect a strong commitment by Secretary Leavitt and the President to assure that we are as prepared as possible to meet future challenges of the magnitude of Katrina and Rita.

First and foremost, we are strengthening the culture of preparedness in the Department of Health and Human Services. This means that each employee of the Department will understand that preparedness is part of our daily mission and not simply limited to a response to a disaster. It involves assisting individuals, families, and communities in understanding what the challenges may be and what steps they may take in their lives to assure that they are as prepared as possible to meet the challenges that a catastrophic event may present. It also involves identifying the possible needs in a catastrophe and what the Department can do in response to disaster to meet the health needs of the Nation.

Accordingly, select employees in the Department will be required to complete basic training in the National Response Plan and the National Incident Management System. Different levels of training will be required depending upon the role of various categories of employees. Obviously, deployable staff will receive a different and more intensive training than those unlikely to deploy to an event.

The Department has also clarified the Incident Command structure that it will employ during events. It has tailored its Incident Command structure to comply with the National Incident Management System and the plans developed by the Department of Homeland Security (DHS). There is full interoperability with the DHS structure in terms of structure and functional relationships. This includes sharing of situational awareness and other critical information needed to assure smooth and coordinated delivery of services and resources in a disaster event.

The Department is identifying, rostering, and initiating training of deployable teams of medical and public health providers. This includes employees of HHS (both uniformed and civil service), other Federal employees, and voluntary staff. The Department has been meeting weekly with its ESF-8 federal partners to assure that missions are identified, that teams are formed with the skills needed to meet the missions, and that training and equipment requirements have been identified and training initiated. The logistical support needs for these teams have been identified, and specific taskers for meeting these logistical needs have been developed. Examples of these needs include medical supplies, equipment, housing, and food requirements.

This rostering activity builds upon the transformation activities of the PHS Commissioned Corps. The Commissioned Corps provides a unique source of well-trained and highly qualified, dedicated public health professionals who are available to respond rapidly to urgent public health challenges and health care emergencies. The Corps' response to Hurricane Katrina is a powerful example of what the Corps can do. In response to Katrina, we deployed more than 2,000 PHS officers - the largest deployment in the history of the Corps - and we still have personnel in the field providing care in Louisiana today. Transformation is intended to make the force management improvements that are necessary for the PHS to function even more efficiently and effectively. We are now in the process of organizing our officers into teams, providing more training and supplying more equipment so that they can deploy more rapidly and with more capability than previously. At least 80% of our officers will be required to meet readiness standards. The President's Fiscal Year 2007 budget request reflects the importance that has been given to the transformation of the Corps by including an additional $10 million for strengthening the systems that will allow us to better manage the force. The current rostering activity is aimed at structuring officers into teams and training them as a team. This defines clarity of roles and expectations. It also assures that leadership and management of the officers in the deployed situation are well understood and executable.

These teams will interface with the Disaster Medical Assistance Teams (DMATs) fielded under the National Disaster Medical System (NDMS). The DMATs greatest utility is in the immediate emergency response and they are considered the initial responders for emergency medical needs during the first 72 hours after an event. HHS and other Federal agencies will be responsible for the other requirements in the continuum of health needs, including some aspects of health services delivery during evacuation, hospital care, low intensity facility-based care for populations with special needs (chronic diseases, disability, etc.), and other health outreach activities as noted above.

As you know, the White House's Katrina Lessons Learned report recommends the transfer of NDMS from DHS to HHS. This requires a legislative change, until which the DMATs are still under the direction of DHS. In the interim, multiple steps have been taken to assure greater interoperability during this storm season.

Plans for rostering HHS civil service employees have been initiated in a concept of operations for the use of civilian employees. These individuals would also be merged into teams and provided with training and equipment as well. In addition, civilian volunteers are being organized through the Medical Reserve Corps. There

are 432 units nationally, formed to address local, regional, or national needs. These teams are rostered in the local environment, and there is discussion of how the health professionals' credentials of these teams could be recognized across state boundaries to assure ease of deployment and use of these dedicated volunteers to augment professional staffing needs in an event.

HHS has also implemented a public messaging campaign of health preparedness messages to inform and prepare the public for such catastrophes. Vice Admiral Richard Carmona, the Surgeon General of the United States, has recorded 17 radio and television messages targeted at improving individual and family preparedness for disasters. These messages will be rolled out during Hurricane Preparation Week (May 21-27, 2006).

HHS has also begun preparations to develop and field a fulltime deployable force whose sole function will be to deploy or participate in activities preparing them for deployment. This effort will provide a more reliable response force for quick response capability when compared to the current requirement to remove officers from their primary health missions in HHS to deploy (e.g., doctors providing health services on a daily basis to American Indian and Alaska Native people).

This will ensure that populations receiving routine but critical services will continue to have access to these services during a disaster response.

The development of a deployable, interoperable first responder electronic health record is being advanced through the development of a contract announcement requesting industry response to certain needs and requirements. The intention is to field test possible platforms during the upcoming hurricane season to gain insight into their benefits and limitations. There are few existing systems and standards in the broader health environment to interact with at this time, so the expected benefits are to ensure quality of care and continuity of information sharing during an event and its aftermath. Wider health sector standards development and endorsement by the Health Information Technology Standards Panel and the Secretary will be needed to fully capitalize on the desired benefits of this approach toward continuity and quality of care.

HHS and its federal partners have proceeded to aggressively prepare for disaster response and have an aggressive deployment plan in place that would pre-position assets in close proximity to the affected areas in a predictable event such as a hurricane. Deployment will be pro-active and, within the limits of storm path prediction models, will anticipate where the needs and challenges will be. The

command and control aspects of response continue to be refined and modified in detail, although the major changes needed to assure unified command and control have been agreed upon and put in place. Multiple exercises have been conducted to test the plans and assure that in practice it will function as planned.

HHS and its ESF-8 partners have developed a detailed “playbook” that describes the triggers that will initiate action, what actions will be taken, who will be responsible for the actions, and how these actions will integrate with the overall response. DHHS and DHS have been in continuing discussions concerning means to assure the effective logistical support to ESF-8 missions. We have built in redundancies that assure capabilities to meet the logistical support needs.

For example, the evacuation of patients with special needs has been planned in detail, based on common definitions of what constitutes special medical needs, who will provide transportation, medical evaluation and coverage during transport, etc. The location of special needs populations (including nursing homes) and individuals have been identified with the assistance of local dialysis facilities, home health care agencies, and others to assure that this population at risk is well-identified. Pre-scripted mission assignments have been developed for aspects of the response, and work continues on developing further assignments based on various

possible scenarios. Local, state, and federal assets (with full redundancy) have been identified for transport of these populations

Communications strategies with high levels of redundancy have been established, and acquisition of equipment is proceeding to assure that communication is available under a wide variety of circumstances. This includes a wide variety of voice and data communications devices across the spectrum, from radios to satellite-linked computing. Common frequencies for communications have been identified and appropriately shared to assure that hospitals, health care teams, first responders, and forward command elements have ongoing communications capabilities with each other and that support elements are located away from the affected sites.

Human and material assets will be appropriately pre-positioned to assure that they can swiftly respond as realities unfold during the event. For example, Federal Medical Station equipment and supplies will be placed in closer proximity to the potential affected area well ahead of storm events. This will assure that additional medical capacity is within close reach when needed. The triggers for their actual deployment have also been developed to assure that decisions to fully deploy are done proactively and with speed. Medical re-supply has also been addressed with

two layers of redundancy in acquisition and delivery of supplies. These triggers have been developed in coordination with DHS.

These elements have been tested through exercises at the federal, state, and local level from the most senior individuals to the community first responders. HHS has participated in no less than a half dozen exercises involving our federal partners and state and local partners. We will continue to exercise and train to further refine command and control, communication, and supply chain capabilities.

We appreciate the opportunity to share this information with the Committee and invite further dialogue on these matters that are important in meeting the health needs of the Nation, not just for hurricane events, but any catastrophic event with health impacts. I am willing to answer any questions that you may have for me today.